

Exhibit J



KDCCO-1

OP ID: AS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/27/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MCGARITY INSURANCE P O BOX 130 McDONOUGH, GA 30253 G MICHAEL STANDARD		CONTACT NAME: G MICHAEL STANDARD PHONE (A/C, No, Ext): 770-957-2925 FAX (A/C, No): E-MAIL ADDRESS: MSTANDARD@MCGARITYINSURANCE.COM	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: ARCH INSURANCE COMPANY	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
 KDC CONSULTING LLC
 120 CROWN CHASE DR
 STOCKBRIDGE, GA 30281

COVERAGES

CERTIFICATE NUMBER:
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> E&O LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		12/20/2016	12/20/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> Hired AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					CLAIMED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

INVESTIGATOR/CONSULTANT

BLANKET ADDITIONAL INSURED ENDORSEMENT IS INCLUDED IN THE GENERAL LIABILITY POLICY AND APPLIES WHEN REQUIRED BY WRITTEN CONTRACT

CERTIFICATE HOLDER

CANCELLATION

PINNAC4 PINNACLE CONNECTIONS LLC 45 RIVER DR S APT 915 JERSEY CITY, NJ 07310	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE G. Michael Standard <i>G. Michael Standard</i>
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Arch Insurance Company
3100 Broadway, Suite 511
Kansas City, MO 64111

COMMON POLICY DECLARATIONS

POLICY NO.: [REDACTED]

RENEWAL OF: NEW

NAMED INSURED AND MAILING ADDRESS:

PRODUCER:

KDC CONSULTING, LLC
120 CROWN CHASE DRIVE
STOCKBRIDGE, GEORGIA 30281

W. H. BROWN YARD CORPORATION
21 MAPLE AVENUE, PO BOX 9175
BAY SHORE, NY 11706

POLICY PERIOD: From 12 / 21 / 2016 to 12 / 21 / 2017 12:01 A.M. Standard Time at your Mailing Address above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PARTS	PREMIUM
<input checked="" type="checkbox"/> Commercial General Liability	\$ 1,506. MP
<input type="checkbox"/> Commercial Auto	\$
<input type="checkbox"/> Commercial Property	\$
<input type="checkbox"/> Commercial Inland Marine	\$
<div> <input type="checkbox"/> Premium is payable in installments: See endorsement. </div>	
<div> TOTAL POLICY → PREMIUM \$ 1,506. MP </div>	

FORMS APPLICABLE TO ALL COVERAGE PARTS:

SEE FORMS INDEX

BUSINESS DESCRIPTION: SECURITY CONSULTATION OPERATIONS

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE FORMS(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.

Date issued: 2/7/17 JAS/jsc
AIC-SGP-D3 (8/02)

Countersigned by:

Thomas W. Brown



Arch Insurance Company
3100 Broadway, Suite 511
Kansas City, MO 64111

COMMON GENERAL LIABILITY COVERAGE PART DECLARATIONS

POLICY NO.: [REDACTED]

EFFECTIVE DATE: 12/21/2016

NAMED INSURED: KDC CONSULTING, LLC

RENEWAL OF: NEW

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS - COMPLETED OPERATIONS)	<u>\$1,000,000.</u>	
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	<u>\$1,000,000.</u>	
PERSONAL & ADVERTISING INJURY LIMIT	<u>\$1,000,000.</u>	
EACH OCCURRENCE LIMITS	<u>\$1,000,000.</u>	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	<u>\$100,000.</u>	Any One Premises
MEDICAL EXPENSE LIMIT	<u>\$5,000.</u>	Any One Person

CLASSIFICATION	CODE NO.	PREMIUM BASIS	RATE	ADVANCE PR/CO	PREMIUM ALL OTHER
Security Consultants	-	200,000.	7.50	INCLUDED	1,650. MP
Certified Acts of Terrorism (.004 or Premium)					6.
TOTAL				\$INCLUDED	\$1,656. MP

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:
VARIOUS

TOTAL ADVANCE PREMIUM
FOR THIS
→
COVERAGE PART

\$1,656. MP

FORM OF BUSINESS: ☐ Individual ☐ Joint Venture ☐ Partnership ☐ Corporation ☒ Other LLC

THESE DECLARATIONS, WHEN COMBINED WITH THE COMMON POLICY DECLARATIONS, THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.

AIC-SGP-D (08/02)



Signature Page

IN WITNESS WHEREOF, Arch Insurance Company has caused this policy to be executed and attested.

A handwritten signature in black ink that reads "John Mentz".

John Mentz
President

A handwritten signature in black ink that reads "Patrick K. Nails".

Patrick K. Nails
Secretary